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PRESIDENT'S ADDRESS.

DELIVERED BEFORE THE AMERICAN MEDICAL ASSOCIATION AT THE FORTY-FIFTH ANNUAL MEETING HELD AT SAN FRANCISCO, CAL., JUNE 5, 1894, BY JAMES F. HIBBERD, M. D., LL. D., RICHMOND, IND.

Continued from last number.

Many of you may remember that the last Congress of the United States was about to refuse an appropriation to continue and complete the publication of the Index Catalogue of the Library of the Surgeon General's Office, the venerable chairman of the House Appropriations Committee alleging that the medical fraternity were demanding too much; in fact, had already received more than the lawyers or any other professional guild. This state of affairs becoming a matter of common fame, some physicians interested their representatives in the House by presenting to them the true state of affairs, with the result of a concerted effort being made in the House to enlighten the assembly to the extent of convincing the members that this was not an appropriation for the benefit of the medical men, but to complete a great educational work for the benefit of the whole people, the doctors' relation to it being that they must do the work because no other class of men were trained to the service. The appropriation was saved, and the catalogue is nearing completion.

But there is still a point in connection with the appropriation for the library that needs attention that can probably be better given by this association than otherwise, and that is the restoration of a part of the appropriation for the support of the library which was dropped by the last Congress, and the cut contained in the Military bill before the present House. For twelve years the appropriation was $10,000, but the last Congress reduced it to $7000, and the present Congress proposes to continue the reduction. Doubtless most Congressmen, and, possibly, some physicians, regard the library of the Surgeon General's Office as an ordinary department library intended mainly for the use of the medical officers of the army, but in truth it is the National Medical Library, open to and used by physicians from all parts of the country, and the possibility of finding at one place in this country the greater part of the literature on any medical subject has exercised a powerful influence on American medical literature and education.

The library aims to obtain every medical book, periodical and report published in any country or language as soon as possible after its issue, and have it at once catalogued and indexed and made available for use. This requires about $7500 annually. There are still between 20,000 and 30,000 volumes of medical books published years ago required to complete its equipment to meet all calls made upon it. These volumes are out of print, and only to be obtained from second-hand book sellers, and auction sales, as opportunity offers, and will involve, say, $2500 spent annually for perhaps 10 years. Does not this condition of the library and its support make a demand on this association for aid either as an organization or through the influence of its individual members on their respective members of Congress?

The desirablity of supervision of public health by the general government has been recognized by this association for many years, and manifested in various ways. Four years ago a committee, with Dr. C. G. Comegys chairman, was appointed to prepare a bill, and petition Congress on behalf of the Association

to establish a department of public health, with a secretary for its chief, who should be a member of the President's Cabinet. This committee has done much earnest work, drafted a bill and presented it to Congress, devoted labor and time personally to its advocacy before committees and members of Congress. The committee has been continued, somewhat modified, and has reported annually to the Association, and will present an interesting report to this meeting, to which I invite your thoughtful attention. Last year the Association appointed another committee, with Dr. U. O. B Wingate as chairman, to consult with a like committee of the American Public Health Association, which has for several years been engaged in an effort to induce Congress to enact a law placing the supervision of the public health in charge of the general government. This committee will also submit a report for your consideration.

Other organizations have likewise entered Congress with petitions asking that the general government be clothed with authority to execute measures to assist in protecting public health. Much good may be anticipated from the attention these several sanitary organizations will excite both in the Congressional and public mind, and I doubt not that when the agitation has accomplished the valuable result of cultivating a knowledge of what is essential to the public welfare it will lead to a union of effort on the part of all workers that will insure satisfactory results.

My interest in the premises is such that during the year I have sought through personal intercourse and a wide range of correspondence to ferret out the best plan for supervision of public health that we can hope to have Congress crystallize into a working law. Without rehearsing details, I feel free to declare my conviction that enough has been ascertained of the sentiment of the Executive and Legislative departments of the Government to rob us of all hope of the establishment of a Department of Public Health within the remainder of the nineteenth century.

A Bureau of Public Health with a Commissioner as its chief, within one of the existing departments of the Government, was apparently within reach of a united, harmonious, aggressive effort of the profession for a year or two previous to the enlargement of the power of the Marine Hospital Service by the last preceding Congress, but the excellent work of that service at home and abroad since its increase of authority and means has lessened the anxiety of the Government and the apprehension of the public in such degree as to make those in power less attentive to appeals to do what should yet be accomplished.

The outlook at this time for securing a Bureau of Public Health during this session of Congress is not encouraging, but if the problems in silver and tariff and national revenue should be speedily and satisfactorily solved there might appear a ray of hope for a bureau within the life of the present Congress, provided the medical and sanitary professions would make common and joint effort in demanding it.

At present there is no measure formulated in this behalf so worthy of support as the New York Academy bill now in the hands of Congress, and in making this declaration I by no means ignore the fact that strong opposition to that bill has been made by strong men, but I well know that no important measure like that can be inaugurated without challenging adverse criticism; but my abiding faith in the fitness of sanitary human nature for great things is such that I harbor no doubt that if the opposition to this bill presents a better one than it its friends will accept, and if this bill sustains its present status under severest scrutiny its opponents will join in urging its enactment into a law, and thereby vindicate characters at once wise and patriotic.

While a century of experience has convinced the great body of intelligent people that vaccination is the true and only prophylactic for smallpox, it has not carried conviction to the extent its merits deserve and the welfare of the people demands. The causes of this are not difficult to discern. Vaccination and other forms of sanitation have prevented a visitation of an epidemic of smallpox in this country for a generation, and people have lost the fear of its contagion through ignorance of its nature while progressing and its sequels if its victim survives. Add to this the disorders that sometimes follow the insertion of pure vaccine in a cachectic system, and the greater evils arising from the use of spurious or imperfect vaccine and careless vaccination, all open to the observation of the

public and subject to amplification by cranks and the maliciously ignorant, and we cannot marvel that there is a positive distaste for vaccination among a considerable portion of our population, and a carelessness about securing it on the part of a much larger number. A knowledge of these facts should only inspire physicians and other sanitarians, who are the custodians of the knowledge of the value of vaccination, to redoubled activity in devising and executing popular methods of instruction as to the entire reliability of vaccination to protect from smallpox, as much so as smallpox itself, and that with pure vaccine inserted under proper conditions into the tissues of a person fit to receive it, there is positively no shadow of evil, but a promise of good not surpassed by any other single measure of preventive medicine.

Evidence accumulates that the undetermined conditions that conduce to the propagation of smallpox are now, and for at least two years have been, prevalent in this country, resulting in outbreaks of the disease more or less serious in various parts of the country and too often leaving foci from which fresh infection is distributed. Under these circumstances it seems to me the reasonable duty of this association at this time to declare and proclaim its unabated faith in the virtue of vaccine to protect from smallpox, to render persons as immune against variola as an attack of variola itself, and that it is innocent of all mischief when the vaccination is done by a vaccinator who is competent to judge of both the purity of the vaccine and the fitness of the vaccine.

Let us abide in the hope that the Jenner centennial celebration provided by this association and to be a part of its exercises at the annual meeting in 1896 may bring out the boundless blessing of the discovery of the immortal Jenner in such wise that all men shall see and acknowledge its protecting power, and even the wayfaring man, though a fool, may not err by further causeless cavil.

Two leading purposes the fathers of this association had in view at its organization demanding its serious consideration were the elevation of the standard of medical education, and that the authority to decide upon the sufficiency of the qualifications of a candidate for a diploma should not rest with his teachers.

Much has been done in advancing the extent and character of the collegiate instruction of medical students; the examination of candidates for diplomas is still conducted by teachers who instructed them, as was done then, and is no more satisfactory to the thoughtful minority of the professors now than it was then. Forty-eight years ago seven professors was the conventional number of the faculty for medical colleges, and the annual term was 20 weeks, and in the two terms required for graduation the students heard the same lectures each year. Now, there are medical colleges requiring attendance four years, of seven months each, on graded courses under, in some instances, as many as 48 instructors. This, for the equipment of graduation, while one post-graduate school announces 164 instructors. Certainly the association has ground to congratulate itself on the fruits of its persevering labors to secure more thorough medical education; but this has been the theme of so much of the literature of the association that I drop the general subject and confine my remarks to one suggestion as to a particular line of instruction.

The progress of medicine in the immediate future must be along biologic lines, and to me it seems desirable that every medical college should have a chair devoted especially to instruction in biology. Within the current year, responding to an invitation to make some remarks on matters pertinent to a lecture on bacteria which has just been delivered, a gentleman of superior culture, of extensive travel and acute observation, a lawyer by profession and a statesman by practice, said that the status of physicians had within comparatively a few years undergone a marked change. In earlier historical times the priests were accounted of highest rank and worth in the civil professions; then came a period when the devotees of statecraft received highest honor and exercised most potent influence in the affairs of men. Physicians as physicians held subordinate rank and positions, both in war and in peace, but in the last few decades the relations of these professions among themselves, and in their standing before the world, had been undergoing significant change

until from being the lowest, physicians were now rising above the other liberal professions and would steadily move forward until they were accorded the first place among the honored people of the world, and this for the reason that they have devoted themselves by rigid scientific investigations to make patent the causes of disease, and to determine exact measures for emasculating these causes, and for neutralizing their effects when they have eluded detection or escaped emasculation. My own sentiments accord entirely with the spirit of the views enunciated by the learned gentlemen, and my estimate is based on the results of the more exact methods applied to the investigation of the laws by which the omnipotent Creator has fashioned the world and continues its government. The microscope in skilled hands, and its revelations, compared and classified with scientific acumen, have revolutionized our knowledge of the world of living things below the world of macroscopic living things, and in this manner, and to us, newly revealed worlds have been discovered—the generators of the most extensive, persistent and malignant epidemics that periodically decimate the earth, as well as many of the most frequent and intractable, and fatal disorders that we have always with us. All this knowledge has been wrought out by the devotees of one branch of biology, and another line of biologic workers have carried us back through the morphology of organs, tissues and cells to the origin of vital activity in protoplasm, and, still more important, in doing so have given us glimpses of the origin and development of the somatic mind that will, when the scheme of nervous organization and function shall be clearly portrayed, dissolve the mystery that has in the past obscured our realization of the true nature of hypnotism, Christian science and other anomalous neuroses which the sciolists and, in an especial manner, those claiming to be doctors are promulgating and practicing to the discredit of true scientists and the injuring of the ignorant and weak-minded classes.

We should apotheosize protoplasm, the dividing line between inorganic and organized matter, itself at once the result of the law of perpetual motion with which the Creator endowed the atoms of elemental matter and the beginning of that phase of energy known as vital activity, which, in its development as now presented to us, constitutes the entire vegetable and animal kingdoms.

No one people or class of people can claim exclusively to have opened the way into this more primitive arena of nature. The physicists of all nations, botanists, zoologists, anatomists, physiologists and their congeners have all participated in their progress. Schwan, Virchow, Ferrier, Jackson, Pasteur, Koch and Steinberg may be mentioned, without prejudice to the labor, name, or fame of their many coadjutors, as examples of what benefactors to our race scientists may become whose genius lifts them to a plane of investigation not covered by the curricula practiced in the medical schools of their day, and their distinction is due to their advanced study of biology.

This review impresses me with the importance of establishing in each of our medical colleges, where a finished education is intended, a chair especially devoted to teaching the principles and practice of biology on the lines, and to the extent herein indicated, from whose alumni we shall have more quickly arise neophyte Virchows, Pasteurs, Jacksons and Steinbergs, whose labor, when further advanced, shall hasten the day when the world shall recognize the medical profession as the paramount benefactors of the human race, by virtue of suppressing the causes of all preventable diseases, and alleviating the suffering, shortening the duration, and lessening the ravages of such as cannot be prevented. And with this higher estate of the disciples of Esculapius will come such insignia of real knowledge, such fruits of expert skill that he who runs may read the lines that broadly separate the true physician from ignorant or unscrupulous pretenders.

Amendments to the constitution are always pending, sometimes many, sometimes few. Those submitted the preceding year are disposed of at each annual session, but others take their place for consideration at the succeeding meeting. Few of these are approved by the association, being lost through failure to receive the support of three-fourths of the delegates present, or by not being called up by their authors or others.

Last year a special committee ap-

pointed at the last preceding meeting made a report remodeling the entire constitution, which necessarily laid over until this meeting, and the committee, being continued, will make further report here and the whole subject will come up for final disposition at this session. It is apparent to all who have given attention to the matter that there is much feeling among the members who have been active in working up the changes that will be offered as a substitute for the constitution as it now exists, and also among those who regard the innovation an evil instead of a benefit. But while these feelings are right and proper in themselves, they need not claim other than watchful attention to secure a fair and unbiased expression of the will of the association according to the method perscribed by our laws, and in so doing there is nothing to excite passion or interfere with that calm deliberation that distinguished the proceedings of an assembly composed of cultured, refined people, seeking the welfare of the guild to which they belong. This may readily be done by taking a vote to determine whether the voters present desire any change in the existing constitution. If the decision is against any change the affair is concluded for the nonce. If the decision expresses dissatisfaction with the constitution as it is, the next question should be, is the report of the committee of revision precisely what the voters want as a substitute? An affirmative vote here settles the matter, and a negative vote will call for amendments that will adjust either the existing constitution, or the committee's substitute, until it conforms to the wishes of the delegates. Is it not palpable to every considerate mind that all this may be done without excitement of any kind and with a minimum waste of the time of the association?

And so, too, with our code of ethics. For many years there has been a feeling among many most excellent and intelligent working members of our guild that the code did not fairly accord with the demands of the advanced profession in their intercourse with each other, nor with the proper reciprocal relations between the profession and the public. While, on the other hand, many members equally intelligent and devoted to the association have felt that the code of ethics that has guided the association through nearly half a century prosperously and honorably and still a reliable guide in every advanced thought and action, cannot be bettered for our present status, and should not be disturbed. At Detroit in 1892 this agitation culminated in the appointment of a committee to inquire into the expediency of revising the code. This committee last year submitted two reports, the majority recommending an amended code and indicating the lines on which emendation should proceed. The committee was continued to complete its labors, and the first of its service will be before you in an extended report. The minority report claimed the sufficiency of the code as it is and recommended that it be left intact. Here, also, even more than with remodeling the constitution, there is much warmth of feeling, and, as in that case, a little calm forethought will convince that a primary vote involving the question whether or not the voters want any alteration of the code may end further consideration of the subject without excitement, confusion or over-warmth of feeling by a decision to let the code stand as it is, and a contrary decision will call for such further procedure as recited for the completion of an amended constitution, and in this, as in that, the work should be done as intelligent and fair-minded citizens transact important business, with decorum and without waste of time.

Touching the sufficiency of the constitution and code of ethics of the American Medical Association as they are now, I have well-settled convictions, the result of many years' observation, experience and reflection, but I am not here to proselyte to my opinions; as I interpret my mission on this occasion, it is to exercise my influence and use my authority to secure to those here entitled to vote a clear expression of untrammeled judgment, and to encourage a cheerful acquiescence of all parties in whatever conclusion may be thus reached.

Shall I not have the co-operation of every friend of the American Medical Association present in this laudable effort?

The End.

ADDRESS

OF THE CHAIRMAN OF THE SECTION ON OPHTHALMOLOGY OF THE AMERICAN MEDICAL ASSOCIATION. ALBERT R. BAKER, M. D., CLEVELAND.

Continued from last number.

Because the ophthalmologist fails to relieve a headache by the use of spectacles or a tenotomy he has not exhausted all the resources of his art, and even though he refer the case to the general practitioner he should be able to make intelligent suggestions as to the future management of the case. It is possible to have reflex troubles originating in the eye not due to refractive errors, or muscular insufficiencies and possibly not manifested by gross pathological changes in the eye itself. On the other hand it is possible to have pain referred to the eye as the result of some constitutional disease, or it may be of some local disease in a distant portion of the body.

The tendency to supply every town and village with one or more oculists, so called, who limits his practice to the treatment of eye diseases, is not for the best interests of the patient or the profession. The helplessness of the average medical practitioner in a small town, when some young gosling comes to the village with his six weeks' post graduate instructions, brand new trial case and ophthalmoscope is pitiful indeed. The practitioner is made to feel keenly his ignorance of the subject. He knows intuitively that he is being imposed upon by a few big sounding names, but is entirely helpless in preventing this fledging from giving myopic-lenses to hypermetropes and snipping the ocular muscles of all the bright school girls in the village.

As an example of the ingenuity of these fellows I have in my possession a pair of bifocal lenses, which analyzes as follows: Right eye plus 25 C for distance equal plus 25 C equal plus 50 S for reading. Left eye plus 25 S equal plus 50 C axis .75 for distance, and plus 1. S equal plus .50 C axis .75 for reading. These lenses were given to an Oberlin student aged 18, who has a simple hyperopic astigmatism of 75 D axis 90 in each eye.

Every practitioner should possess an ophthalmoscope and a few trial lenses and he should be able to fit spectacles much better than the jewelers and druggists who style themselves opticians, and I see no reason why he should make such ridiculous blunders as the above. That every practitioner who knows a little more about the care of eyes than his neighbor should pose as an ophthalmologist and limit his practice to eye diseases is almost as ridiculous as the extravagant claims of the jeweler-optician.

After an apprenticeship of 10, 20 or 30 years the ranks of the ophthalmologists should be recruited from these practitioners who have given the eye and its diseases special study. There is a considerable amount of work which requires especial skill and experience on the part of the ophthalmologist in the diagnosis and treatment of eye diseases. It is not possible for a man to make a skillful cataract extraction who only has the opportunity to make the operation once or twice a year, nor is it possible to distinguish between a case of chronic glaucoma and atropric cupping of the disc by one who sees such cases but once or twice in a lifetime. To make skillful operators and acute diagnosticians the specialist must have had a wide experience; and this can only be secured by a long apprenticeship with exceptional opportunities for study and practical experience in the performing of delicate manipulations and the making of difficult operations.

The specialist is the general practitioner's most valuable assistant. He supplies him with skilled hands to do that he cannot do. He furnishes him with educated eyes to see that he cannot see. He gives him trained ears to hear that he cannot hear. And he should supply him with a well-stored mind to tell him that he does not know.

When about to select an architect to build a house we found him ignorant and exhibiting poor judgment in matters pertaining to religion, science, literature, art and other subjects about which we knew something, we should distrust his judgment in architecture about which we knew nothing. If this is true in a general way, how much more must the physician distrust the judgment of the specialist who is ignorant of general medicine. The prompt-

ness with which the announcement of the reading of a paper on an ophthalmic subject will empty the seats in our local and State medical societies is discreditable alike to the practitioner and to the oculist—discreditable to the physician because he does not take greater interest in ophthalmic subjects, as no other special subject lends so much assistance in the diagnosis, prognosis and treatment of disease remotely situated. Discreditable to the ophthalmologist, because he does not make his papers so interesting as to compel attention. In order to do this he must, so far as possible, discard technical terms. The necessity of this is largely due to the insufficient and perfunctory manner in which ophthalmology is usually taught in our medical colleges.

A gynecologist has a great advantage in teaching his specialty because of the simplicity of the structures and the previous studies of the medical student in anatomy, physiology, embryology and obstetrics having prepared him for an intelligent understanding of the teaching of the gynecologist. But when the average medical student enters upon his ophthalmological studies it is a veritable terra incognito—he has little knowledge of the anatomy of the eye and its appendages and less of its physiology.

The nomenclature is all new, and because the subject seems difficult it is neglected. The lectures are cut, quizzes avoided, dispensaries not utilized, and the practitioner is turned out with but little knowledge of eye diseases.

One of the principal reasons for this unsatisfactory condition of affairs is that there is not enough time allotted to this subject in the medical curriculum. In some schools, I am informed, the study of ophthalmology is not compulsory. The teacher realizing the hopelessness of instilling any useful knowledge into the mind of the student in the few hours given him is often content to call attention to the most frequent and grave ocular diseases, make a few operations and advise the student meeting such cases not to attempt their treatment, but send them to he nearest oculist.

It does not seem to me that we ought to be content to let this indifferent method of teaching this important subject continue. The use of the ophthalmoscope is not more difficult to learn than that of the stethoscope and is of much more value to the practitioner of medicine. The teachers of ophthalmic medicine and surgery ought to decide upon some definite minimum length of time in which the average senior medical student can master a good working knowledge of this subject, and then insist upon being granted this amount of time in the medical curriculum. This would require at least 100 hours; 50 of which should be devoted to didactic lectures, clinics and recitations and 50 to practical work in the dispensary.

My experience as a teacher of ophthalmology has been that those students who leave college with some definite knowledge of eye diseases not only treat more intelligently the cases coming under their care, but are the first to refer suitable cases to the specialist, so that the better education of the general practitioner in eye diseases does not curtail the number of cases referred to the oculist for treatment, but increases the number of his consultations.

The End.

EXAMINATION OF SPUTUM.

Zenoni first recalls how mucus has been shown to stain with anilin dyes, and how this fact has been used to distinguish the sputum of pneumonia from that of bronchitis, as for example, with Biondi's three-color stain. The author, however, prefers saffranin. Bizzozero showed how the mucin in cells stains yellow or brownish yellow with saffranin, whereas the nucleus and rest of the cells stain red.

The author spreads a thin layer of sputum on a cover glass, and allows it to remain under alcohol for a quarter of an hour or longer to coagulate. A half concentrated watery solution of pure saffranin is then applied. If examined against a white ground the bronchitic sputum appears yellow, whereas the pneumonic sputum looks red, the difference being due to the albuminous nature of the latter sputum. If these two kinds of sputum are mixed distinct traces of yellow are visible. The method is useful for distinguishing between them.

—Centralbl. f. inn. Med.

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THE COMPOSITION OF SECRET REMEDIES.

It has been repeatedly pointed out that articles recommended as medicines for the cure or relief of disease by persons who are neither qualified to practice medicine nor authorized to dispense, should, in all instances, have their nature disclosed and their composition plainly stated upon the label of each package, though, unhappily, the law does not require this condition to be observed. The sale of such articles is purely a matter of trade, and in many instances the use of them is attended with danger, and, as a consequence, the trade in secret nostrums and specifics has been mischievously developed by the aid of puffing advertisements. Many of these preparations, however, contain ingredients of a poisonous nature, and they should be labeled with the word, "Poison," as well as the name of the poison, and only be sold under certain restrictions, by duly registered druggists.

THE DIAGNOSIS OF BOVINE TUBERCULOSIS.

The following appears in the British Medical Journal of May 19, relative to the diagnosis of tuberculosis in cattle:

"A somewhat extensive series of experiments has during the past year been undertaken at the Central Experimental Farm of Ottawa, Canada, with a view to discover how far it may be possible to diagnose early tuberculosis in cattle by the injection of tuberculin. Without entering into details of individual animals it may be stated that in all cases in which the characteristic rise in temperature took place after injection, the animal when slaughtered was demonstrated to be a victim of tuberculosis, the seat of the disease being usually the lungs, but occasionally other parts of the body. From November, 1892, to the present time, fifty-four animals have been tested, of which twenty-six have given the reaction indicative of the presence of the disease. From this it would appear that tuberculosis is no less rife amongst American cattle than in the older herds of Europe. We understand that in New York State veterinary inspectors are appointed, whose duty it is to examine the herds in each county and kill infected cattle. A physical examination is first made, and if the existence of tuberculosis is suspected tuberculin is injected, when in case the temperature reaction takes place the animal is killed, a partial compensation being given to the owners by the State. It is reported that during 1893 about 20,000 animals were examined by the inspectors, and that of this number 686 were found infected and were killed. It was observed that tuberculin rarely caused so strong a reaction after the second injection as after a first, even when several months had been allowed to intervene; moreover, when a second injection was made shortly after the first the reaction was usually very slight, or absent, although the animal might be badly diseased; from which it is clear that it would be possible for a dishonest farmer very much to puzzle an inspector by means of a few preliminary injections. Interesting as these investigations are in regard to the utility of tuberculin as an empirical method of diagnosis, we fear they contain nothing to indicate any new line of therapeutic usefulness."

COMMENCEMENT OF THE UNIVERSITY OF PENNSYLVANIA.

This past week observed the most eventful commencement ever held in the University of Pennsylvania.

Though rain prevented the carrying out of many of the plans arranged by the committee, yet all the alumni and students who were present cannot fail to look back upon the week as the most pleasant of all commencement weeks in the history of that institution of learning.

The Academy of Music was crowded with students and their friends at the annual commencement of the medical department and the allied schools, including the dental and veterinary schools. Music was furnished by Wannemacher's Military Band. At 12 o'clock the trustees, faculty and graduating classes marched on the stage. The entire parquet was reserved for the graduating classes, while a number of prominent alumni and invited guests occupied seats on the stage with the faculty. The exercises were opened with a prayer by the venerable Rev. Dr. William H. Furness, followed by music, after which the degrees were conferred.

The valedictory address was delivered by Professor Louis A. Duhring.

ABDOMINAL SECTION FOR GASTRIC ULCER.

At a recent meeting of the Royal Medical and Chirurgical Society Mr. T. H. Morse reported a successful case of operation for ruptured gastric ulcer. A young lady, aged 20, having had symptoms of gastric ulcer, was suddenly seized with violent abdominal pain, followed by faintness and vomiting. The pain, which was of a burning character, commenced over the region of the stomach, and gradually extended all over the abdomen. Abdominal section was performed nearly five hours after the rupture. The contents of the stomach were found in the peritoneal cavity. The stomach was withdrawn and a perforation was found on the anterior surface, close to the cardiac orifice. It is most important to observe that the stomach was washed out before the perforation was closed with Lembert's suture. The stomach was then returned, the peritoneum was thoroughly flushed, and the wound united. The patient was fed by the bowel for the ensuing three days, and in three weeks' time her recovery was complete.

— Proc. Roy. Med. and Chir. Soc. Lond., March 13, 1894.

Book Notes.

AN INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS: FOR STUDENTS, GENERAL PRACTITIONERS, AND SPECIALISTS. By Horatio R. Bigelow, M. D.; and Thirty-eight Associate editors. Thoroughly illustrated. 1160 pages. Extra Cloth, $6 net; Sheep, $7 net; Half-Russia, $7.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This work has been awaited with special interest by all who employ electricity in medicine. It is a volume of 1200 pages. In size, scope and quality of its contents it surpasses all previous books upon this subject. It contains thirty-six elaborate chapters, each of which is an able monograph.

No such ambitious literary achievement has ever hitherto been attempted in behalf of electro-therepeutics, and an examination of its many pages shows how great has been the advance of the past decade. A carefully prepared index will guide the reader to any desired subject and adds greatly to the value of this rather overcrowded volume.

The preface contains a curious table of "preferences" with a "key," the ostensible aim of which is to clear away confusion and doubt as to whose is the best coil, cell battery, meter, etc. The less said of this table the better. Only praise, however, can be accorded the serious portion of the book. It is a rich mine of information upon its many sided themes.

Much is it is brilliantly written. The classic chapter upon galvanism is as fascinating and as charmingly written as one of Macauley's essays; and every practioner, whether familiar with electricity or not, should read the chapter upon electro-physics.

Perhaps the most disappointing chapter in this excellent work is that upon "static electricity and magnetism." Other sections are far more complete. Upon the whole, the international system of electro-therapeutics is a needed addition to the physician's library, and no one who desires to keep fully posted in the newer methods and means of employing electricity can neglect this important contribution to medical literature. The more thoroughly it is read the more it will be appreciated.

S. H. M.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

SYPHILITIC ARTERITIS.

Among the more common infections of a genital origin there is none more characterized, as this always is, by an agglomeration of the elements of the blastoderm, which is a fixed quality of the lesions of syphilis. It is possible that the vessels derived from this neoplastic formation owe their existence to the direct proliferation arising in consequence of the poison of syphilis acting directly on the endothelial walls.

Those vascular alterations play an important role in the subsequent pathological changes through being the direct primitive agent in syphilitic processes of various organs, as the liver, spleen, kidneys, brain, etc. And there is no doubt but that many germinative formations are but a secondary manifestation of this primitive process.

The tunics of the arterioles in the integument are specially susceptible to the irritating virus of this malady. The vascular lesions of syphilis are of dominant importance. They preponderate because of their influence on the anatomical elements and their clinical preeminence.

Our definite knowledge of syphilitic arteritis is of comparatively recent date, when Sternburg demonstrated the first participation of the vessels in syphilis. At about the same time Dittrich, Virchow, Lancereaux, Wilks and Heubner made important studies along the same lines.

Their observations were quite in accord in agreeing that the virus fell with special energy on the encephalic vessels, and they noticed that the primitive seat of the lesion was in the intestinal tunic. Other observers, however, especially Joffrey, Letienne, Friedlander and Baumgartner, on the contrary, maintained that the external or cellular coat was invaded first.

Rumpf declared that the first vessels impinged upon are the vaso-vasorum, and, as a matter of fact, these vessels are always involved. Deyl, after an extensive study and many examinations, was assured that the vaso-vasorum are invariably incriminated, but whether primarily or not he was unable to say.

M. Fournier has claimed that the vessels of the brain are specially susceptible to syphilitic toxemia. Gilbert, of Lyons, has invoked this theory to account for certain types of meningo-myelitis; Depeirne et Sottas, myelitis; Raymond, general paralysis and a peculiar type of amothrophic wasting; Hollopeau, angina pectoris; Welsh, Fournier, Jaccond and Verdie alleged that syphilis is responsible for the vast majority of aneurisms.

Vascular lesions following syphilis manifest themselves at varying intervals after the primary lesion, in some instances relatively early; at others not for three years or much later, according as to whether it has been treated or not, and the condition of the patient; therefore, why we have "acute syphilitic arteritis" and the chronic or secondary type, besides what are designated the acquired or the inherited.

It is more common in men than women. Fournier, Mauriac and Buzzard believed that there are organs more prone to it than others, and that in certain violent types of syphilis its onset is sudden and its effect disastrous. Some have believed that certain individuals are more susceptible than others to arterial degeneration in consequence of syphilis.

The pathological anatomy and pathogeny of syphilitic arteritis furnishes us with the irregular styplic course of this manifestation. The striking characteristic of syphilis is its tendency to cellular hyperplasic proliferation, which, when it effects an organ, is quite general; but in this vascular affection its action may remain local when infiltration is circumscribed.

In the process of its evolution it produces various transformations in the tissues. Pari-passu with its destruction of the normal cells there is a contraction of a vessel's lumen, with ultimate obliteration. But in the large trunks the effects are contrary, and hence we have what are designated "arteritis obliterant and syphilitic arteritis."

In the first class to the bare eye the walls of the vessel are hard and rigid, and have parted with their elasticity; they are thickened in places and present difference in color; in a word, they are sclerosed and fibrous, impervious to the circulation and of a cord-like consistence.

In the second division the vessel is flexuous in its course, thinned and thickened in patches, and here and there dilated with veritable aneuratic diverticula. Originally the alteration consists essentially in a new formation of embryonic tissue, which presents a marked tendency to differentiation, in consequence of its divers elements. Retrogressive metamorphoses gradually but steadily follow, until finally the vessel gives way or starves the organ it is intended to nourish.

Without stopping to consider the question as to whether it primitively attacks the internal or external tunic, it may be said that the first step is a clear hyperplasia, which rapidly augments, by a diapadetic invasion and proliferation. This finally overcomes the resistance of the endothelial resistance, the vessel's lumen becoming ultimately choked with a soft fungous substance, which may later undergo gummy nutrition.

The clinical aspects of these vascular changes are interesting to observe, because their march is attended with such varied phenomena; according to the age of the patient, the part involved, and the march of the pathological processes.

Annale De Medicine Scientifique et Practique, 3 Mai, '94.

EXTERNAL URETHROTOMY.

Dr. W. C. Dugan gives the following reasons for preferring external to internal urethrotomy:

1. The drainage is so perfect that no fluid can accumulate in the wound.

2. Cleansing and dressing the parts is satisfactory in all particulars.

3. The patient experiences very much less pain during and after urinating, which I consider very important, since the passing of urine after internal cutting is so painful that the patient is often made to cry out, and the vesicle tenesmus so great as oftentimes to cause quite a free bleeding after each micturition for some days.

4. The certainty of opening the canal against the possibility of making a false passage, as is not infrequently done in our efforts to introduce small instruments.

5. The absence of any risk of patient's bleeding to endanger his life, as the field of operation is unobstructed, and the bleeding points can usually be secured and ligated, or, if the bleeding is capillary, controlled by the application of a compress accurately applied.

He gives the indications for external urethrotomy in deep strictures of small calibre as:

1. In all cases where there are false passages it is imperatively demanded.

2. In all cases of close stricture of the deep urethra, where there is cystitis, it is by far the best way to get rid of both strictures and cystitis.

3. Where we have urinary fistulae resulting from neglected strictures it is the most certain and rapid method of dealing with them.

4. When for any reason it is desired to secure thorough drainage of the bladder.

5. In those chronic cases where you have reason to suspect stone of the bladder, and you desire to chloroform your patient but once and relieve his stricture, explore his bladder, and, if stone is found, to get rid of it all at one seance.

—Amer. Prac. and News.

PROFESSOR BILLROTH AS AN OPERATOR.

The general public not unnaturally assumes that a great surgeon is necessarily a most skillful operator, a mistake not infrequently made by the profession also. Ingenuity, however, and boldness in devising operations are very different attributes from the manipulative skill, decision and tact required to carry them out. Professor Billroth united the two sets of qualities in a very conspicuous manner. Yet it was always the guiding intellect rather than the manual dexterity which impressed itself on the spectator. Truth to say, in the actual performance of an important operation Billroth showed no very marked superiority over his fellow surgeons. He avoided any show of brilliancy or flourish, went steadily to work, erred, if at all, on the side of slowness, and was neither more nor less discomposed by any complication or untoward event than any one else. The finish of his operative work was rather the result of his immense experience than of any remarkable aptitude. Nevertheless, as an operator he must be held to have justly earned a very high place.

—Record.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

THE EMPLOYMENT OF DIPHTHERIA-ANTITOXINE FOR PREVENTION AND CURE.

BY DR. HANS ARONSON.

Before describing the practical employment of diphtheria-antitoxine,* it will be advisable to make a few statements concerning the testing of a solution for its contents of diphtheria-antitoxine. As the antitoxine does not possess any accurately defined chemical characteristics, this can only be done by physiological methods. The smallest quantity of the solution under examination is determined which will exactly destroy a definite quantity of diphtheria virus. For the latter Aronson selects a dose of the poison which will kill a guinea-pig of the weight of 300 to 400 grams in 38 to 44 hours, and even the largest animal in 48 to 60 hours. The strength of the antitoxine solution Schering for immunization purposes is regulated in such a way that mixtures of 0,001 c.c. injected with the above dose of poison into guinea-pigs of 300 to 400 grams weight produce no toxic symptoms whatever. This solution is at least forty times as strong as the Behring-Ehrlich normal solution, whilst these authors, it has lately been shown, used rather a larger quantity of diphtheria virus to determine the strength of their antitoxine solutions.

This solution is employed in localities where diphtheria epidemics rage, especially for children the brothers and sisters of which have been attacked by the malady. 1 c.c. of the solution is injected by means of a sterilized Pravaz syringe beneath the skin of the back or breast. From numerous individual observations certain immunity can be predicted. This inoculation is distinguished from the protective inoculation mentioned in the introduction by means of attenuated bacterial virus, as in vaccination, by the instantaneousness of the immunity conferred, which is a great advantage. Further the immunity produced by the introduction of a ready-made antidote does not give rise to any local or general toxic symptoms whatever. The disadvantage of the method is that the protective period is not so long as in vaccination, as the antitoxine is gradually eliminated from the organism. In localities where diphtheria epidemics prevail for a long period, it is therefore advisable to repeat this absolutely innocuous injection after two or three months. For combating and curing attacks, from five to fifty times the quantity is necessary according to the stage of the disease, and for this purpose more concentrated antitoxine solutions can be employed.

—The Therapist.

*See Times and Register, April 21, page 259.

ON FORMIC ALDEHYDE AS AN ANTISEPTIC.

BY DRS. C. SLATER AND S. RIDEAL.

In the investigation of the antiseptic properties of formic aldehyde by these authors, who refer to the numerous reports of continental authorities, the aqueous solution known as formalin, which they found contained 35 to 40 per cent. of the active substance, was employed for their experiments.

The first series of experiments was made to determine the proportion of formic aldehyde required to inhibit the growth of specific micro-organisms. For this purpose formalin was added to tubes of bouillon so that they contained formic aldehyde in proportions ranging from 1 : 1000 to 1 : 20,000. These tubes were then inoculated with the micro-organisms to be tested, capped, and placed in the incubator at the most favorable temperature for growth. The cultures used for inoculation were vigorous twenty-four-hours-old growths in bouillon or on agar. The results are embodied in the following table:

ORGANISM.	Proportion of Formic aldehyde inhibiting growth.	Proportion of Formic aldehyde allowing some growth.
Staphylicoccus pyogenes aureus	1 : 5000	1 : 10000
Bacillus typhosus	1 : 15000	1 : 20000
Bacillus coli communis	1 : 7000	1 : 10000
Bacillus anthracis	1 : 15000	1 : 20000
Spirillum cholerae	1 : 20000	—
Bacillus mallei	1 : 20000	—
Bacillus pyocyaneus	1 : 7000	1 : 10000
M. prodigiosus	1 : 20000	—
Bacillus lacticus	1 : 20000	—
Bacillus butyricus (Hueppe).	1 : 20000	—

Provided then that the amount of formic aldehyde present is not such as to prevent growth, it exercises no influence on the power of fermentation, though a longer period is necessary to complete the action. Taking these results in conjunction with the proportion of formic aldehyde required to prevent the growth of bacillus lacticus and bacillus butyricus, it would seem that the inhibitory dose for yeasts is much higher than for bacteria and that this antiseptic may be used to arrest secondary fermentations in alcoholic liquids.

The time required by solutions containing 1 per cent. and 1 per mille of formic aldehyde to cause the death of various microbes was next determined. In experiments on this point it is absolutely necessary that methods be used in which the antiseptic is thoroughly removed from the test culture or great dilution secured, as the inhibitory action of formic aldehyde is so great. Sterile silk

threads were soaked in cultures of the various micro-organisms and then transferred to the antiseptic. After exposure for various periods the threads were withdrawn, well washed in sterile water and transferred to bouillon tubes, which were exposed to suitable temperatures. The cultures used were in all cases twenty-four-hours-old bouillon cultures. The culture tubes containing the treated threads were kept for more than eight days in order to avoid errors from retarded growth. The tubes in which no growth took place were tested by inoculation in order to determine whether they were still suitable for growth of the microbes, or whether the sterility was due to transferred antiseptic. They all yielded copious growths on secondary inoculation. Control experiments were made in all cases, the threads being soaked in water for a time equal to that of the maximum period of exposure to the antiseptic.

One per cent. solution.—Threads examined at intervals of 10 minutes gave:

Organism.	Time required to kill the microbes.
Staphylococcus pyogenes aureus, bet. 50 and 60	minutes.
Bacillus typhosus, between 40 and 50	minutes.
Bacillus coli communis, bet. 30 and 40	minutes.
Bacillus anthracis, less than 15	minutes.
Spirillum cholerae, less than 15	minutes.

Experiments were made to see how far these solutions might replace the 1 or 2 per cent solution of carbolic acid frequently used for the preliminary disinfection of soiled linen before washing. Soiled cloths from the post-mortem room and sterilized cloths soaked in cultures were left for from twenty to twenty-four hours in 1 per cent. and 1 per mille solutions of formic aldehyde. After washing in sterile water they were examined by cultivation.

	1 per cent. solution.	1 per mille solution.
Cloths from post-mortem room	Sterile	Not sterile.
Cloths soaked in baccillus typhosus	Sterile	Sterile.
Cloths soaked in spirillum cholerae	Sterile	Sterile.
Cloths soaked in staphylococcus aureus	Sterile	Stere.li

The solutions are without any ill effect on clothes and are efficient as antiseptics, especially the 1 per cent. solution, and the more so as in practice the adherent formic aldehyde solution would not be removed.

Formic aldehyde vapor. The action of the vapor evolved at the ordinary temperature (19 degrees C.) from 40 per cent. solution of formic aldehyde (Formalin) was examined. A few experiments were made by exposing potato cultures under a bell-jar to the vapor, but the results were unsatisfactory, owing to the thickness of the culture. Bouillon cultures, twenty-four hours old, were allowed to dry in a thin layer on sterilized glass slips, and were then exposed to the vapor from 5 c. c. Formalin under a bell-jar of 3320 c. c. capacity. The solution was placed under the bell-jar ten minutes before the cultures were exposed. The glass slips after exposure were dropped into bouillon tubes and placed at suitable temperatures.

The organisms killed in less than ten minutes were bacillus typhosus, bacillus coli communis, micrococcus prodigiosus and spirillum cholerae; after twenty minutes' exposure staphylococcus pyogenes aureus was killed, and after thirty minutes' exposure bacillus pyocyaneus succumbed.

Formic aldehyde vapor is then obviously a powerful disinfectant, and from its harmless character, the freedom from damage of articles exposed to it, and its ready volatility, it would seem particularly adapted for the disinfection of rooms.

—Lancet.

A NEW METHOD OF USING COCAINE FOR LOCAL ANAESTHESIA.

Krogius describes a new method of producing cocaine analgesia, which is based on the fact that when a solution of this agent is injected into the subcutaneous tissue near to a nerve trunk it causes loss of sensation over a large zone corresponding to the peripheral distribution of this nerve. In order to reach the selected nerve trunk with certainty and to apply the cocaine to several of its branches at the same time, the author, in injecting the subcutaneous tissue, passes his needle across the long axis of the limb, and, as the needle is thrust along, the solution is gradually discharged. An injection made in this way across the root of a finger will, in the course of ten minutes, result in analgesia of the whole digit, not of the skin only, but also of the tendons, the periosteum and all the deep structures. If one or two injections be made transversely near the wrist a considerable extent of the palm of the hand may be thus rendered analgesic. The sensibility of the ulnar side of the hand as far as the roots of the last two fingers may, it is stated, be abolished by injecting a solution of cocaine over the ulnar nerve at the back of the elbow. By injecting over both supraorbital notches analgesia may be produced in the whole of the middle portion of the forehead. The analgesia caused by this method of using cocaine attains its greatest intensity and extent from five to ten minutes after the injection, and is maintained for a quarter of an hour or even longer. The author injects only a weak (2 per cent.) solution of cocaine, and keeps the patient recumbent for at least a quarter of an hour after the operation. This method has been practised with success at Helsingfors in 200 minor operations, such as amputation of the fingers and toes, excision of palmar fascia and phimosis.

— Centralbl. f. Chir., No. 11, 1894.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

SURGICAL FEVER.

Although much light has been thrown on the study of the phenomena of fever following operations, or surgical fever, many points still remain obscure, especially in so far as concerns the mechanism of infection.

No one at this time disputes the benefits rendered by antiseptic methods, which have revolutionized modern surgery. The current notions of the part played by germs do not always explain the various disorders which may supervene on traumatism, although the most minute antiseptic precautions may have been taken.

Certain errors due to false premises or hasty conclusions appear to have crept in.

Thus it is not rare to hear it said, "that with antisepsis traumatic fever no longer exists, and that all hyperexia, after surgical intervention, proves that antisepsis has not been thoroughly carried out, in consequence of which infection has occurred." In other words, the aseptic repair of wounds takes place without the occurrence of fever.

But the facts are far from being simple, and applicable to unequivocal laws. Fevers exist, post-operative and non-infective—fevers which have no connection with the reparative process. These are the aseptic fevers.

The rigid demonstration of these facts has for a long time been noted by observers. One very marked example is furnished by the subcutaneous repair of simple fractures, which are frequently followed by febrile symptoms. Extending this observation of surgical traumatism, where the lesions are produced as planned beforehand, the same is seen.

There is scarcely a surgeon who has not noticed after the best conducted operations that fequently hyperpyrexia occurs, and still the wound goes on favorably and union occurs by first intention. It is evident that in these cases septicemia cannot be invoked, the general good condition of the patient scouting the idea.

Since aseptic post-operative fevers exist, it is necessary for the physician to learn to recognize them, and give them their proper place in pathology.

The essential characteristic of these fevers is that they appear early after the operation.

Sometimes the fever commences abruptly with a rise of one to two degrees the first 24 hours. Sometimes it is more gradual. In all cases the fever begins during the first 12 hours.

The evolution of aseptic fevers is ordinarily short. Generally after two or three days temperature declines, returning rapidly to normal in 24 hours. In mild cases the fever only lasts about a day.

Early appearance, short duration, rapid defervescence are the characteristics of traumatic fever. Occasionally the fever persists for several days or even a week or two. The genesis of these symptoms is now believed to be settled.

It appears that the blood and cellular tissues contain a principle which possesses remarkable fermentative properties which develop in consequence of solution of continuity and exharasation of blood outside of the vessels. It is called by Bergman and Angeur the fibrim ferment.

According to this doctrine (which appears plausible) whatever may be the antiseptic precautions employed, the fibrin-ferment is set at liberty at the moment when the wound is made. A part is removed by the bleeding, the remainder adheres to the surface of the wound and the blood clot.

It is thus enclosed in the wound, and afterwards develops its fermentative effects. The soluble products resulting are absorbed, and by acting on the nervous centres which govern thermogenesis.

Thus it is a true fever from absorption. The mechanism of the production and diffusion of the febriginous material is everywhere analogous; it differs only by the early appearance and the nature of the diffused products.

In traumatic infection the germs contained in the wound do not determine

immediate results because of their small number. They must first multiply in order to victoriously attack the cellules and secrete taxines and ptomaines in sufficient quantity to make an impression on the organism at large. This may be called the period of inoculation, which generally lasts about 24 hours at least, so that septic phenomena do not show themselves till after that time. Their hatching or incubation is usually the second or third day, whence the well-known fact that if a subject passes the first 50 or 60 hours without accident he may be considered as out of danger, and likely to escape infections, and the wound will pursue a normal evolution.

Such is the differentiation of these two varieties of complications—the one mild, aseptic—the other more serious, sometimes formidable, infective fever.

From these considerations it is evident that the intensity of the thermic process developed by the action of the fibro-ferment, without assistance of pathogenic germs, will be proportional to the extent of the wound and amount of hemorrhage—another reason for economizing as much as possible the blood in operations. But the best means to this end consists, not in following the minutiae of a more or less ingenious method of hemostasis, but to work quickly. The technique is not so important. The exact adaptability of the means to the end is the characteristic of the "born" surgeon, who modifies his tactics according to circumstances, without troubling himself about official doctrines and favored procedures.

This plan of operative rapidity, so well carried out by the surgeons of a former generation, has been somewhat put in the background by the new conditions created by the antiseptic method. It would seem that the security conferred by this method ought to give full latitude to the length of an operation. But one quickly perceives that that constitutes a real danger, and that the adage, "cito, tuto et jucunde," preserves all its force.

All the precautions do not obviate the necessity of quick work in surgery. For many reasons it may be affirmed that with equal antiseptic precautions success rests with the quick operator.

Dr. G. Traisso, in Annales de Med.

E. W. B.

Notes by the Wayside.

BY ERNEST B. SANGREE, A., M., M. D., PHILADELPHIA.

A bicycler myself, I am naturally in favor of this delightful form of exercise, practiced, of course, in moderation only, and performed sitting in the erect position, and not doubled up a la cramp colic, as is too often the case.

A few days since, however, I witnessed an application of the bicycle in a role new to me. Coming up from the seashore, I noticed a one-legged fellow with a crutch under his arm easily mount a bicycle and spin down the street at a comfortable pace, just as our train pulled out of an inland Jersey town.

A day or two later, in the city, I saw a young man with terribly deformed feet rolling along the street on his machine at a pace that must have been pleasant in the last degree to one whom nature had apparently condemned to the life-long misery of a painful snail's pace.

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An incident occurred the other day in one of the bacteriological laboratories in this city that is really too good to be kept.

One of the students was asked the question: "What parasite frequently infests the vagina?"

In all seriousness the rising young bacteriologist promptly and confidently answered, "spermatozoa."

The questioner, I suppose, had in mind the trichomonas vaginalis, an ovoid flagellate infusorium not sufficiently well known if one may judge from an incident that occurred some years since. A lady patient charged her dentist with rape during anesthesia.

At the trial a physician, posing as an expert, testified to finding spermatozoa in the vagina, and on this testimony the innocent dentist was found guilty and condemned to a long term, ten years I think, in the penitentiary, dying there while serving out his sentence.

Several years after his death the would-be scientific doctor whilst visiting the University was casually shown a slide of spermatozoa by Dr. Formad.

"Are those spermatozoa?" he anxiously inquired.

"Why, certainly," was the reply.

He said no more, left the city at once, and the next heard about him was that he had committed suicide through remorse.

One cannot help regretting that he had not shot himself before his fatal testimony.

Miscellany.

THE MEDICAL SOCIETY OF NEW JERSEY.

The next annual meeting of the Medical Society of New Jersey, will be held in the picturesque Hotel Breslin, Lake Hopatcong, on Tuesday and Wednesday, June 26 and 27, 1894, commencing at 11.30 o'clock, A. M., on Tuesday.

PROGRAMME FOR TUESDAY.

11.30 o'clock A. M.:—

Prayer by Rev. Mr. Holloway, Dover.

Report of Committee on Credentials, secretary, chairman.

Calling roll.

Report of Committee on Arangements, Stephen Pierson, M. D., chairman.

Reading of minutes (abstract) of last annual meeting.

Report of Committee on Business, H. R. Baldwin, M. D., chairman.

Election of permanent delegates.

Any business which requires early consideration may be introduced.

Report of Committee on Ethics and Judicial Business.

Report of treasurer, Dr. A. Mercer.

Report of corresponding secretary, Dr. E. L. B. Godfrey.

Report of Committee on Honorary Membership and Honorary Degree of Doctor of Medicine, Dr. H. G. Taylor, Chairman.

Adjourned at 1 o'clock. (The several delegates are requested to report to the secretary as early in the afternoon as convenient the name of their member to serve on the nominating committee).

Three o'clock P. M.—Report of Standing Committee, D. C. English, M. D., chairman. (Five minutes will be allowed each delegate for remarks upon the same.)

Report of Committee on "Prevention of Blindness through Legislative Enactment," W. B. Johnson, M. D., chairman.

Report of Committee on "Bovine Tuberculosis," etc., J. W. Sickler, M. D., chairman.

Annouucement of Committees by the President.

Adjournment at half-past five o'clock.

Eight o'clock P. M.—Annual address by the President, John G. Ryerson, M. D. "Chronic Nephritis and Lactose:"

Paper by George H. Balleray, "Erysipelas as a Complication in Abdominal Surgery:"

Paper by H. G. Wetherill, M. D., "Observations on Cases of Movable Kidney:"

PROGRAMME FOR WEDNESDAY.

Nine o'clock A. M.—Discussion upon subject presented at last annual meeting, "Angina Pectoris, its true pathology, and an explanation of its sudden termination in death."

Drs. Pettit and W. P. Watson were appointed to take the leading part in the discussion.

Report of delegates to and reception of delegates from corresponding societies.

Essay—Third Vice President, T. J. Smith, M. D.—"Catarrh of the Upper Air Passages:"

Paper—G. F. Wilbur, M. D.—"Historical Review of Medical Fallacies."

Report of Committee on "Legislation," J. W. Ward, chairman.

Report of committee to consider the proposed revision of the Code of Ethice of the American Medical Association. George T. Welsh, M. D., chairman.

Paper by Walter Lester Carr, M. D., New York, "Scurvy in Children."

Report of Committee on Treasurer's Accounts.

Acting upon amendments to by-laws proposed revision of the Code of Ethics

Chapter 2, Section 10—Add "None of the funds of this society shall be used for any purpose except for the payment of its regular annual expenses, unless the proposal for such expenditure shall have been introduced in writing at a previous annual meeting, and shall receive a three-fourths vote of the members present."

Section 7, Chapter 2—" Duties of Standing Committees."

Report of Committee on "Fellow's Prize Essay," George T. Welch, M. D.

Investigation of by-laws and communications from District Societies.

Reading of such papers as are approved by the Business Committee.

Reports of interesting cases.

Report of Nominating Committee.

Election of officers.

Miscellaneous business.

Adjournment.